

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-APR-2016		TIME 18:44:00		2. ADDRESS OF OCCURRENCE 7031 S MERRILL AVE CHICAGO, IL 60649		3. LOCATION CODE 090		4. BEAT/OCCUR 0331			
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME JAUDON		7. FIRST NAME SHAUN G		8. STAR NO. 12119		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
	10. RACE CODE BLK		11. AGE 60		12. HT 215		13. WT 215				
SUBJECT INFORMATION	14. DATE OF APPT. 01-AUG-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 003 0331		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME GUNN		21. FIRST NAME WALTER		22. M.I. L		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
SUBJECT INFORMATION	24. RACE BLK		25. D.O.B. 26-MAY-1944		26. HT 606		27. WT 220				
	28. ADDRESS 1357 N LEAVITT ST CHICAGO, IL 60622		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? BLUNT INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED? JACKSON PARK HOSPITAL FOUNDATION		34. BY WHOM? DR. FREDERICK		35. CONDITION <input checked="" type="checkbox"/> 01 Apparent Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO. IR NO. <input type="checkbox"/> DNA		
	38. CHARGES PLACED <input type="checkbox"/> DNA		39. CHARGES PLACED <input type="checkbox"/> DNA		40. CHARGES PLACED <input type="checkbox"/> DNA		41. CHARGES PLACED <input type="checkbox"/> DNA		42. CHARGES PLACED <input type="checkbox"/> DNA		
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT WORDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARM BAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
WEAPON DISCHARGE INCIDENT	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		
	44. WEAPON TYPE		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		
WEAPON DISCHARGE INCIDENT	49. TASER DART ID NO		50. WEAPON SERIAL NO (Include Letters)		51. CHICAGO GUN REG. NO		52. IL FIREARM OWNER ID. NO		53. HANDGUN CERTIFICATE NO		
	54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		
WEAPON DISCHARGE INCIDENT	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-05 FT. <input type="checkbox"/> 02 05-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		74. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		75. REPORTING MEMBER (Print Name) JAUDON, SHAUN G		76. STAR/EMPLOYEE NO. 12119		
	77. SIGNATURE 07-APR-2016 23:28:45		78. SIGNATURE [REDACTED]		79. SIGNATURE [REDACTED]		80. SIGNATURE [REDACTED]		81. SIGNATURE [REDACTED]		
SIGNATURES	82. REVIEWING SUPERVISOR (Print Name) SAUTKUS, STEVEN J		83. STAR NO. 1381		84. SIGNATURE [REDACTED]		85. DATE REVIEWED 07-APR-2016 23:31:05		86. TIME 07-APR-2016 23:31:05		
	87. SIGNATURE [REDACTED]		88. SIGNATURE [REDACTED]		89. SIGNATURE [REDACTED]		90. SIGNATURE [REDACTED]		91. SIGNATURE [REDACTED]		

CPD-11.377 (REV. 3/08)

LOG# **1080018**

Attachment **30**

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt was unable to interview the offender because he was taken to Jackson Park Hospital for mental evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations. Cross reference this with Log #1080010 obtained by Sgt Kennedy #1826 from IPRA at 2101 hrs.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WILLIAMS, TERESA H

SIGNATURE

DATE COMPLETED

TIME

08-APR-2016 17:13:25

79. TOTAL TREP: THIS EVENT No.

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